

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571) 273-2885

APR 17 2007

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

25319 7590 01/22/2007

**FREEDMAN & ASSOCIATES**  
**117 CENTREPOINTE DRIVE**  
**SUITE 350**  
**NEPEAN, ONTARIO, K2G 5X3**  
**CANADA**

04/18/2007 FMETEK12 00000012 501142 10076440

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

01 FC:2501 700.00 DA	02 FC:1001 800.00 DA FILING DATE	FIRST-NAME OF INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
03 FC:8001 6.00 DA	04/19/2002	David A. Caughey	132-03 US	9855

TITLE OF INVENTION: METHOD OF AUTOMATICALLY POPULATING CONTACT INFORMATION FIELDS FOR A NEW CONTACT ADDED TO AN ELECTRONIC CONTACT DATABASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
AILLES, BENJAMIN A	2142	709-206000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Freedman &amp; Associates</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 _____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ottawa, Ontario, Canada

GoodContacts Research Ltd.

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input checked="" type="checkbox"/> Advance Order - # of Copies 2	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1142 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature G. Freedman

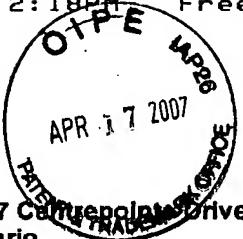
Date April 17, 2007

Typed or printed name Gordon Freedman

Registration No. 41,553

This collection of information is required by 37 CFR 1.314. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# Fax

## For Formal Communications Intended for Entry

**DATE:** April 17, 2007 **NO. OF PAGES INCL THIS PAGE:** 4

**TO:** Mail Stop Issue Fee, USPTO **FAX NO.:** 571-273-2885

**PHONE NO.:** 571-272-4200

**CONF. NO.:** 9855 **GROUP ART UNIT:** 2142

**FROM:** Gordon Freedman **FAX NO.:** (613) 274-7414

**RE:** U.S. Patent Application No. 10/076,440  
Filed: February 19, 2002  
Inventor: Caughey  
Our File: 132-03 US

### CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that an Issue Fee Payment Authorization dated April 17, 2007 and attached Part B – Fees Transmittal (in duplicate) in response to the Notice of Allowance mailed January 22, 2007, is being transmitted to the United States Patent and Trademark Office on the date shown below.

*Amanda Turner*  
Amanda Turner

April 17, 2007

Date

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Patent Application of: Caughey Our File No: 132-03 US  
 Application No: 10/076,440 Conf. No.: 9855  
 Filing Date: February 19, 2002 Examiner: Ailes, Benjamin A.  
 Art Unit: 2142  
 Title: Method of Automatically Populating Contact Information Fields for a New Contact Added to an Electronic Contact Database

April 17, 2007

**Mail Stop Issue Fee**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance mailed January 22, 2007, we enclose herewith the following documents:

Part B - Fee Transmittal (in duplicate).

**The Office is authorized to charge the following fees to Deposit Account No. 50-1142:**

<input checked="" type="checkbox"/>	Issue Fee Payment	\$700.00
<input checked="" type="checkbox"/>	Publication Fee	\$300.00
<input checked="" type="checkbox"/>	Advance Order - # of Copies - 2	\$6.00

We now look forward to receipt of the issued Patent in due course, together with the extra copies as indicated.

**Please charge any additional fees or credit overpayment to Deposit Account No: 50-1142.**

Respectfully submitted,

Gordon Freedman, Reg. No: 41,553

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